COUNTY OF SAN DIEGO VOLUNTEER REPORT FORM COUNTY OF SAN DIEGO PERIOD: JULY 1, 2002 - JUNE 30, 2003

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	DEPARTMENT/CC	OURT INFORMATION:			
	Department/Court:	Health & Hum	Health & Human Services		
	Division/Unit:	Northeast Family Resourc	e Center, Central Region		
	VOLUNTEER PRO	OGRAM BENEFITS:			
a.	GENERAL VOLUN intern, groups, corp	NTEERS (this section should include porations, etc.)	community volunteer, studer		
	No. Vol. 0	Hours 0 X \$1	6.54 = \$0.00		
Ty _l No		ed by GENERAL VOLUNTEERS in t	his category:		
b.	camp inmates, PIC	OLUNTEERS (this section should in CARETC, GAIN, etc.) Hours 300 X \$6	clude court referrals, honor 6.75 = \$2,025.0		
Typ	camp inmates, PIC No. Vol. 10 Des of work performe	c/RETC, GAIN, etc.) Hours 300 X \$6 ed by INSTITUTIONAL VOLUNTEER	6.75 = \$2,025.0 RS in this category:		
Typ	camp inmates, PIC No. Vol. 10 Des of work performe	C/RETC, GAIN, etc.) Hours 300 X \$6	6.75 = \$2,025.0 RS in this category:		
Typ	camp inmates, PIC No. Vol. 10 Des of work performe	c/RETC, GAIN, etc.) Hours 300 X \$6 ed by INSTITUTIONAL VOLUNTEER	6.75 = \$2,025.0 RS in this category:		
Typ Red	camp inmates, PIC No. Vol. 10 Des of work performe ceptionist, answering SPECIALIZED VOL Volunteers in position attorney, physician, positions have verifi	c/RETC, GAIN, etc.) Hours 300 X \$6 ed by INSTITUTIONAL VOLUNTEER	3.75 = \$2,025.0 RS in this category: us other clerical duties. de utilization of Special spertise levels, for example, a pecialized you have such a volunteer,		
Typ Red	camp inmates, PIC No. Vol. 10 Des of work performe ceptionist, answering SPECIALIZED VOL Volunteers in position attorney, physician, positions have verifi	Hours 300 X \$0 Hours 300 X \$0 ed by INSTITUTIONAL VOLUNTEER g telephones, filing, typing, and vario LUNTEERS (this section should inclusions requiring specific skills and/or exports figure or celebrity). These specific compensation levels [VCL]. If y	3.75 = \$2,025.0 RS in this category: us other clerical duties. de utilization of Special spertise levels, for example, a pecialized you have such a volunteer,		
Typ	camp inmates, PIC No. Vol. 10 Des of work performe ceptionist, answering SPECIALIZED VOL Volunteers in position attorney, physician, positions have verifiplease indicate the	Hours 300 X \$6 Hours 300 X \$6 ed by INSTITUTIONAL VOLUNTEER g telephones, filing, typing, and vario LUNTEERS (this section should inclusions requiring specific skills and/or expected in the sports figure or celebrity). These specific compensation levels [VCL]. If y position, hours and compensation levels [VCL].	\$2,025.0 RS in this category: us other clerical duties. de utilization of Special spertise levels, for example, a pecialized you have such a volunteer, yel below.)		

_	pes of wo one	ork perforn	ned by SPE	CIALIZE	D VOLUNTEE	RS in this cate	egory:
d.	TOTALS	S OF DEP	ARTMENT	VOLUN	ΓEERS (from a	above):	
	No. of	Volunteer	<u>s</u>	Hour	<u>s</u>	Dollar Bene	fit
		0		0		\$0	
		10		300		\$2,025	
		0		0	 _	<u>\$0</u>	
	FOTALS:	10	Tota	l Hours	300	Total Valu	e \$2,025.00
do do	nations al oks, etc. nations se	nd tangible Please as ection.	e/intangible sign a fair i	items. It market va	tems such as o	nd add to the to	time, transportation, otal value of the
			r				
lter	m Donate	d:				Value:	
Iter	m Donate	d:				Value:	
	TOTAL VALUE = \$0.00						
VOLUNTEER PROGRAM COSTS:							
a.	Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)						
	Hours	40	X	Rate	\$13.85	5 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	554.00
b.	rate of c	oordinator	's]). This s	ection sh	ould include c		multiplied the hourly staff, compiling tion, etc.)
	Hours	80	×	Rate	\$20.05	Q4	676.00

3.

4.

C.

	C.	Other program costs (training materials/supplies, recognition costs, etc.):					
		Item :	Cost:				
		Item :	Cost:				
		Item :	Cost:				
		TOTAL OF OTHER PROGRAM COSTS =	\$0.00				
	d.	TOTAL OF PROGRAM COST (4a+4b+4c) =	\$2,230.00				
5.		NET BENEFIT TO DEPARTMENT FROM VOLUN	TEER PROGRAM:				
	а	Total Dollar Benefits of Volunteers, Item 2d	\$2,025.00				
	b.	Total of Donations to Volunteer Program, Item 3	\$0.00				
	C.	Subtract Total of program Costs, Item 4d	\$2,230.00				
		TOTAL PROGRAM BENEFIT:	-\$205.00				

6.	RECRUITING: Please describe your recruiting programs:						
	There are two WEX (Work Experience) Orientations a week.						
	4						
7.	Please des				NTS: Ir program was involved in		
		during the period of this report: WEX is a program designed to give clients non-salaried work experience in a non-profit					
	agency. The benefits are: Recent work experience for their resumes; job contacts;						
	job references; and the opportunity to learn and enhance new skills.						
		, and the state of	**************************************				
8.	VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2003-04: Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:						
	In addition to providing WEX training, their will be Customer Service Training for the						
	WEX Clients. We will have a Training Unit Set up effective July 15, 2003.						
	This will allow us to provide training for clients with barriers that have not been						
	successful in the past.						
9.	GENERAL INFORMATION:						
	Name of pe	rson completing repo	ort: <u>Natalie</u>	Lampkin			
	Phone:	(619) 589-4502	Mail Stop: <u>W-89</u>	E-Mail:	nlampkin@sdcounty.ca.gc		
	Volunteer C	oordinator:	Natalie Lampkin				
	Phone:	(619) 589-4502	Mail Stop: W-89	E-Mail:	nlampkin@sdcounty.ca.gc		
10.	DEPARTME	ENT CERTIFICATION	N:				
	Xan.	Bell		7/	52 /13		

Please return this report by Friday, July 18, 2003, to the Clerk of the Board Department: MS A-45; 1600 Pacific Highway # 402, San Diego, CA 92101; FAX (619) 685-2259.

DEPARTMENT HEAD SIGNATURE